

## PROVIDER NOTIFICATION

Attention: Maryland Kidney Disease Program (KDP) Providers  
Subject: HIPAA Electronic Communication with  
Maryland Department of Health and Mental Hygiene (DHMH)  
Date: April 11, 2005

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Dear KDP Provider:

The Kidney Disease Program (KDP) is preparing to accept HIPAA required standard formats and data content for electronic transactions. This will include the ability to accept Medicare supplemental crossover claims (COB claims) from Trailblazer Health Enterprises, LLC and CareFirst of Maryland, Inc.

This HIPAA-compliant e-Claims Management System (eCMS) will allow providers to submit electronic transactions, view remittance information, and download other historical claim information through a secure and dedicated website ([www.dhmhclaims.org](http://www.dhmhclaims.org)). We trust this website will be a valuable tool to you and your provider team in managing your electronic claims and in facilitating better communication with KDP.

In order to participate in the eCMS, each provider must complete a Providers' Agreement and User Agreement. Please contact the Kidney Disease Program at (410)-767-5000 or email me at [manningc@dhmh.state.md.us](mailto:manningc@dhmh.state.md.us) to obtain these two agreements, in addition to the User Manual and Companion Guide.

All providers will be required to provide their KDP Store Number, when applicable, in addition to their Federal Identification Number, on each claim. Please follow the instructions found on the back page of this letter. Please refer to the Companion Guide and the User Manual for additional technical information.

Additionally, each provider will be required to work with DHMH technical staff to establish a network connection and submit electronic transactions for validation. Once your preliminary submissions are validated by eCMS for HIPAA compliance, we will activate your online account so that you can begin submitting electronic transactions.

Thank you for your time and efforts as we progress toward HIPAA compliance and electronic processing. Please forward any questions or concerns to me at [manningc@dhmh.state.md.us](mailto:manningc@dhmh.state.md.us). I look forward to working with you on the DHMH eCMS.

Sincerely,

Carol Manning  
Acting Chief, Kidney Disease Program

**Location of the Provider Store Number (paper & direct data entry via portal)**

<b>Claim Form</b>	<b>Location</b>	<b>Field Locator Name</b>	<b>Definition</b>	<b>Example Tax      Store</b>
HCFA 1500	Field locator 25	Federal Tax ID Number	This file carries both the Federal Tax-ID <i>and</i> Store Number	999999999 0002
UB92	Field locator 5	Federal Tax ID Number	This file carries both the Federal Tax-ID <i>and</i> Store number	999999999 2549

**Location of the Provider Store Number (EDI)**

<b>Claim Form</b>	<b>Location</b>	<b>Field Locator Name</b>	<b>Definition</b>	<b>Example Store #</b>
837 Professional	Loop 2010AA, Segment REF02		Billing Provider Secondary Identification	
837 Institutional	Loop 2010AA, Segment REF02		Billing Provider Secondary Identification	